FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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| OMB APPROVAL | | | | | | |
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| Expires: | June | 30,2008 | | | | |
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| hours per | respon | se16.00 | | | | |

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | | | |
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| DATE RECEIVED | | | | | | | |
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| UNIFORM LIMITED OFFERING EXEMI | 11011 |
|--|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) SimplyShe, Inc. | 8 E 3 |
| Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | □ ULOE Mall Processing Section |
| A. BASIC IDENTIFICATION DATA | 3 02008 - JUN 3 02008 - JUN 3 02008 - JUN 3 002008 - JUN 3 002008 |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SimplyShe, Inc. | Wca hington, DC ปฏิป |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 1020 Kearny Street, San Francisco, CA 94133 | Telephone Number (Including Area Code) (415) 904-9914 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business The issuer produces content oriented products targeted towards women, infants and pets. | PROCESSED |
| Type of Business Organization | JUL 0.3 2008 |
| | ease specify): THOMSON REUTERS |
| Month Year Actual or Estimated Date of Incorporation or Organization: 12 99 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given bel | A notice i |
| which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. | |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to the filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sal ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Se are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. It is notice and must be completed. | curities Administrator in each state where sales the exemption, a fee in the proper amount shall |
| ATTENTION | |
| Failure to file notice in the appropriate states will not result in a loss of the federal exe appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice. | |

| | | Table of the State | NTIFICATION DATA | MANY PROPERTY | |
|---|-----------------------|--|-----------------------------|--------------------|---|
| 2. Enter the information of | equested for the fo | llowing: | | | |
| Each promoter of | the issuer, if the is | suer has been organized w | ithin the past five years: | | |
| Each beneficial ow | ner having the pow | er to vote or dispose, or dir | ect the vote or disposition | of, 10% or more of | 'a class of equity securities of the issuer |
| | | of corporate issuers and of | corporate general and man | naging partners of | partnership issuers; and |
| Each general and | managing partner o | of partnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, Peevey, Maria | if individual) | | | | |
| Business or Residence Addre 2150 Hyde Street, #4; S | | | de) | | , |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, Peevey, Michael | if individual) | | | | |
| Business or Residence Addre 72 Whalers Reach; Guala | | Street, City, State, Zip Co | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Lim, Dale | f individual) | | | | |
| Business or Residence Address 1531 Camden Avenue, # | | | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Bicker, Lisa | f individual) | · · · · · · · · · · · · · · · · · · · | | | |
| Business or Residence Addre 1422 44th Street; Sacrar | | • | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Kantor, Rick | f individual) | | | | |
| Business or Residence Addre 5389 East Provident Driv | | | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | ······ | | |
| Business or Residence Addre | ss (Number and S | Street, City, State, Zip Coo | le) | | |
| | (Use blan | k sheet, or copy and use a | dditional copies of this sh | eet, as necessary) | <u> </u> |

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| | | . , | | | | | 12. 1 | | | | | Yes | No |
| 1. | rias the | issuer son | d. or does t | | | | | | | - | | | |
| 2 | | | | | | n Appendix | | - | | | | a 1.0 | 00.00 |
| 2. | what is | the minim | num investr | nent that v | ill be acce | epted from | any individ | 3ua1? | ******* | | *************************************** | ⊸ | |
| 3. | Does th | e offering | permit join | t ownershi | ip of a sing | gle unit? | | , | *************************************** | | | Yes | No D |
| | | | | | | | | | | | lirectly, any | | - |
| commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering | | | | | | | | | | he offering. | | | |
| If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such | | | | | | | | | | | | | |
| | | | , you may s | | | | | | | • | | | |
| Full | Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Buci | nacc or | Dasidanca | Address (N | lumbar an | d Street C | ity State 5 | Zin Coda) | | | | | | |
| Dusi | 111633 04 | Residence | Addiess (I | vuilloer aar | o sneen e | ny, state, z | Lip Code) | | | | | | |
| Nam | c of Ass | sociated B | roker or De | aler | | | - | | | | · | | |
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| | (Check | "All State: | s" or check | individual | States) | | | •••••• | | | *************************************** | ☐ Al | lł States |
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| | MT | NE | NV | NII | [K] | NM) | NY | NC) | ND | OII) | OK) | OR] | PA |
| | RI | SC | SD | TN | TX | [UT] | VT | VA | WA | $[\underline{\mathbf{w}}\mathbf{v}]$ | WI | WY | PR |
| Full | Name (I | Last name | first, if ind | ividual) | | | | | | | | | |
| | | | | | | | | | | | | | |
| Busi | ness or | Residence | Address (3 | Number an | d Street. C | City, State, | Zip Code) | | | | | | |
| Nam | c of Ass | ociated R | roker or De | aler | | | | | | | | | |
| | | | | 2.07 | | | | | | | | | |
| State | s in Wh | ich Persor | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | i' or check | individual | States) | | | | | | | ☐ AI | 1 States |
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| | RI | SC | SD | TN | TX | UT | [VT] | VA | WA | WV | WI | WY | PR |
| Full | Name (I | ast name | first, if indi | ividual) | · · | | | | | | | | ·········· |
| | ` | | | | | | | | | | | | |
| Busi | ness or | Residence | Address (? | Vumber an | d Street, C | ity, State, | Zip Code) | | | | | | |
| No- | C A | asiated De | oker or De | -1 | | | | - | | | · | | |
| Mam | e or Ass | ociated Br | oker or De | aler | | | | | | | | | |
| State | s in Wh | ich Person | Listed Ilas | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | or check | individual | States) | | ************** | *************** | *************************************** | ····· | | All | l States |
| ı | ĀL | [AK] | [<u>A</u> 7] | [מא | CA | ادما | [CT] | िक्टी | [DC] | FL | GΑ | . T. ET | (D) |
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Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt \$ Equity ________\$ 10,000.00 Common | Preferred Partnership Interests\$___ Other (Specify s 10,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors § 10,000.00 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$ 0.00 Total_ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □ s_____ Printing and Engraving Costs..... Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) _____ 0.00 Total

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| b. Enter the difference between the aggregate offering price given in response to Part and total expenses furnished in response to Part C — Question 4.a. This difference is the proceeds to the issuer." | e "adjusted gross | \$ |
| 5. Indicate below the amount of the adjusted gross proceed to the issuer used or propose each of the purposes shown. If the amount for any purpose is not known, furnish check the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C — Question 4.b above. | an estimate and | |
| | Payments to Officers, Directors, & Affiliates | Payments to Others |
| Salaries and fees | | |
| Purchase of real estate | | s |
| Purchase, rental or leasing and installation of machinery and equipment | □\$ | ПS |
| Construction or leasing of plant buildings and facilities | _ | |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | | |
| Repayment of indebtedness | | s |
| Working capital | | _ |
| Other (specify): | s | s |
| | [\$ | s |
| Column Totals | <u>s 0.00</u> | ☐\$ <u>0.00</u> |
| Total Payments Listed (column totals added) | | — |
| CONTRACTOR STATE OF THE STATE O | STANCE OF STANCE | |
| The issuer has duly caused this notice to be signed by the undersigned byly authorized pers signature constitutes an undertaking by the issuer to turnish to the U.S. Securities and Ex the information furnished by the issuer to any non-accredited investor pursuant to parag | on. If this notice is filed under Ruchange Commission, upon writte | |
| Issuer (Print or Type) Signature | Date | |
| SimplyShe, Inc. | | |
| Name of Signer (Print or Type) Title of Signer (Print or Type) | | |
| Dale Lim Chief Financial Officer | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | A STATE OF THE PROPERTY OF THE STATE OF THE | | |
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| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No Ø |
| | See Appendix, Column 5, for state response. | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice D (17 CFR 239.500) at such times as required by state law. | e is filed a no | otice on Form |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, infoissuer to offerees. | rmation furi | nished by the |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer of this exemption has the burden of establishing that these conditions have been satisfied. | | |
| | per has read this notification and knows the contents to be rue and has duly caused this notice to be signed on its behorized person. | ochalf by the | undersigned |
| - | Print or Type) Signature- Date She, Inc. | | |
| Name (| Print or Type) Title (Print or Type) | | |

Chief Financial Officer

Instruction:

Dale Lim

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | a see that the | A PARA | EENDIX * | | | | | |
|-------|--------------------------------|--|--|--------------------------------------|-------------|--|---|---|--|--|
| 1 | Intend to non-a investor | 2 I to sell accredited s in State -ltem 1) | 3 Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 Tinvestor and rchased in State C-Item 2) | | Disqual under Sta (if yes, explana waiver | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
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| | | | | e (Arii) | NDIX 8 | | | | | |
|-------|--------------------------------|---|--|--------------------------------------|---|--|--------|-----|--|--|
| | Intend to non-a investor | 2 I to sell ccredited s in State -Item I) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
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| 1 | | 2 | 3 | | 4 | | | | |
| | Intend to sell and aggregate to non-accredited investors in State offered in state | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) | | | | | |
| } | (Part E | 3-Item 1) | (Part C-Item 1) | | • | rchased in State C-Item 2) | | (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | | | |
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